Erie Community Center

winter Break







December 22 – December 23 &

Pecember 29 - Pecember 30

Ages 6 - 12

9:00 am - 5:00 Pm - Every Pay R \$60 / NR \$75 (each week)

R \$2 / NR \$2.50 Per hour - Please sign up at time of registration for Before and After Care.

Join us for a few bays of fun. Gym games, Climbing, swimming, arts and crafts and lots of energy Burning activities will fill your Child's Days! Bring a Bathing suit, towel, sack lunch, and 2 snacks.

For more information please see Guest Service.



2008 Winter Break Camp Activity Schedule Dec 22nd & 23rd

A Typical Day at Camp

*Campers are broken into 2 groups by age For small group activities and they will rotate through activities

8:00 - 9:00	Before Camp Care
9:00 - 9:30	Free Choice Activities in Briggs
9:30 - 10:30	Welcome & Large Group Activities
10:30 - 10:45	Snack in Briggs
10:45 - 12:00	Small Group Activities
12:00 - 1:00	Lunch and Free Play
1:00 - 1:45	Large Group Activity or Rotations
1:45 - 1:50	Change for Swim
1:45 - 2:45	Swim
2:45 - 3:00	Change from Swim
3:00 - 3:30	Snack/Free Time
3:30 - 4:30	Large Group Activities
4:30 - 5:00	Free Choice Activities in Briggs
5:00 - 5:15	Dismissal/Free Time
5:00 - 6:00	After Camp Care

Groups will be divided by ages

	Monday	Tuesday
Morning Activity 9:30-10:15	Large Group Activity	Large Group Activity
Morning Activity 10:30-12:00	Small Group Activity	Swim
Morning Activity 12:30-1:30	Large Group Activity	Kris Kringle Cookie Fest
Afternoon Activity 3:30-4:30	Large Croup Activity	Kris Kringle Cookie Fest
Afternoon Activity 4:30-5:00	Free Time Free Time	

Important Notes:

Don't forget your child's water bottle, lunch and a snack. Remember to pack an ice pack in their lunch.

Questions:

Camp Director: Matt LaPorte

Phone: 303-926-2797 or 303-591-8651.

Email: mlaporte@erieco.gov



Erie Community Center Winter Break Camp Parent Packet

The Program

This camp program is designed for children 6-12 years old who are on break from school. The fun filled week will include various sports and games, craft activities, climbing opportunities on the wall, activities at the library, time for lunch and two snack breaks, and of course lots of swimming! The children will be supervised, during all activities by at least a 15:1 ratio by our staff. Each staff member is enthusiastic, caring, fun and trained to work with children. All staff members are also CPR/AED/First Aid certified and have passed rigorous background checks.

Forms

Please read through all of the forms included in this packet. All forms are required. Please be sure to print legibly. The forms will be filed in a confidential camp binder and kept with staff at all times. All forms must be completed prior to signing your child into camp.

Pick Up and Drop Off

Camp hours are from 9:00 am – 5:00 pm, with before and after camp care available from 8:00 – 9:00 am and 5:00 – 6:00 pm. To sign up for before or after camp care, simply enroll at Guest Service at the time of registration or on the day that care is required, you may also enroll for the entire week. The cost is \$2/hr for residents and \$2.50/hr for non-residents. All children not picked up by 5:00 pm will be charged for after camp care. All children must be picked up by 6:00 pm. All children not picked up by 6:15 pm will incur a late fee and the child will be handed over to the local authorities. Only those listed on the "authorized to pick up" list will be allowed to sign in or sign out a child. All "authorized to pick up" persons must show a photo I.D. and be listed on the "authorized to pick up" list, before a child will be released. For all emergencies or to contact a staff member during camp, call 303-591-8651.

Coming to Camp

What to Bring:
Swimsuit & towel with child's name on it
Tennis shoes & athletic clothing
Water bottle
Backpack
Lunch and 2 snacks

What NOT to Bring:
Toys
iPods/MP3 players, etc.
Cell phones
Anything of value
Jewelry

Snacks

Children must bring two snacks and a bagged lunch each day. Staff will not be able to refrigerate, reheat or prepare any meals or snacks. All snacks and lunches must be nut free. Children will not be allowed to share snacks.

Swimming

Swimming will take place each day and pool activities will include: the play feature, rope swing, the slide, and the lazy river. All children will be swim tested on Monday and will be required to stay in designated areas, depending no swimming ability. Please use a laundry pen and write your child's name on the bathing suit and towel. When the children change for swim, they will utilize the adult locker rooms. The children's safety will be supervised by camp staff in the locker room and in the pool.

Medication

Please make sure that your child takes all required medication prior to coming to camp. In the event that your child needs to take any medication during camp, please discuss this with the camp director at check in.

Discipline Policy

Staff will use positive methods of guidance and discipline when working with the children. Physical punishment will never be used nor will children be subjected to emotional harm or humiliation. It is the responsibility of the parent to inform staff of any behavioral, mental or physical challenges, which may affect his/her day to day activities. Advance knowledge may go a long way towards the success of your child's day! When a child does not follow the expected guidelines, the staff will discuss an appropriate plan of action which may include any or all of the following steps:

- 1. Redirection from inappropriate actions to more appropriate play.
- 2. Time out from activity by separating the participant from the group for an age appropriate amount of time and a discussion with the participant on expected behavior before returning to the group.
- 3. Parents will be notified of any behavior related problems.
- 4. If a child's behavior continues or is a safety concern, a suspension from camp may result.
- 5. If after the suspension, the child's behavior continues, an expulsion from camp may result.

A behavior log will be kept by the staff. Redirection and time outs will be given for minor discipline situations. Serious discipline problems will result in written documentation and a discussion with the parents or legal guardian. Three serious behavior problems may result in a suspension from participation or expulsion from the program.

Contact Information

For additional questions or more information, contact:

Matt LaPorte, Recreation Coordinator at

Phone: 303-926-2797

Camp Phone: 303-591-8651 Email: mlaporte@erieco.gov



ECC Holiday Camp

PLEASE WRITE LEGIBLY								
CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME		BIRTHDATE (MM/DD/YY)				
CHILD'S HOME ADDRESS		CITY			GENDER			
GRADE	PHONE	PHONE		FAMILY EMAIL (OPTIONAL)				
PARENT/GUARDIAN'S NAME	HOME PHONE	HOME PHONE		ALT PHONE				
PARENT/GUARDIAN'S NAME	HOME PHONE	HOME PHONE		ALT PHONE				
HEALTH CONCERNS, ALLERGIES, BEHA	HEALTH CONCERNS, ALLERGIES, BEHAVIORAL CONCERNS, SPECIAL ACCOMMODATIONS, ETC.							
MEDICATIONS								
AUTH. TO PICK UP/EMERG CONTACT	CONTACT ADDRESS	CONTACT PHONE		RELATION				
AUTH. TO PICK UP/EMERG CONTACT	CONTACT ADDRESS	CONTACT PHONE		RELATION				
AUTH. TO PICK UP/EMERG CONTACT	H. TO PICK UP/EMERG CONTACT CONTACT ADDRESS CONTACT		ONE RELATION					
5/0505455040								
EXPECTATIONS 1. Participants of this program r	nuct he between the ages	of 6 12 years o	unly unlace as	annoved by	oto ff			
 Participants of this program r Participants must be signed i 								
not leave the premises witho	ut being signed out by an a	authorized adul	t.					
3. Participants must be picked up no later than 6:15 pm or a late fee may occur, and the participant will be released to the Erie Police Department.								
Parent/Guardian Initials:								
EMERGENCY CONSENT								
I hereby give my permission to the Town of Erie staff to call a doctor or emergency medical service and for the								
doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emer-								
gency arise. It is understood that the Town of Erie's staff will make a conscientious effort to locate the parent/								
guardian or the emergency contact listed on the Emergency Information Card before any action will be taken. If it is not possible to locate the emergency con-								
tact listed, I will accept the expense of emergency medical or surgical treatment.								
		//						
Signature of Parent/Guardian Date								



TOWN OF ERIE MINOR CHILD CLIMBING WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

Name of Participant:		Date:			
act my	consideration for permission by the Town of Erie for mivities operated by the Town, on behalf of my minor checkild's behalf, and on behalf of our heirs, personal reparations and agree to the following:	ild identified below, I (on my own behalf, on			
1.	My minor child and I will obey all rules and regulations of the climbing program established by the Town of Erie, its officers, agents, and employees (herein after referred to as the "Town of Erie").				
2.	I understand and acknowledge that my minor child's participation in the activities in the climbing program carries with it certain inherent risks that cannot be eliminated, regardless of the care taken to avoid injury. These specific risks vary from one activity to another, but the risks include (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, fractured or broken bones, heart attacks and concussions; and (3) catastrophic injuries including paralysis and death. Such risks may result from many factors including, but not limited to, falls from or contact with walls or equipment, bad decision making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, or accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the activities of the climbing program and agree that said list in no way limits the extent or reach of this Waiver and Release of Liability. I assert that my minor child's participation is voluntary and I knowingly assume all such risks.				
3.	I do hereby release and agree to hold harmless the Town of Erie from claims, demands, actions or causes of action on account of any injury or death to my minor child, or damage to my minor child's property which may occur from any cause during said programs, in my minor child's participation in these programs, or in connection with any activities incidental thereto.				
4.	I authorize the Town of Erie to arrange emergency medical care for my minor child, solely at my expense, should it become necessary to do so in the event of injury to my minor child.				
I ha	ave read the above statement and agree to all of its term	s, waivers and releases of liability.			
Sig	nature of parent of guardian	Date:			
Printed name of parent or guardian		Printed name of minor child			
Sta	off Use Only				

Staff Member: _____ Date Received: ______

(Rev. 2/2008)